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AMERICAN MEDICINE AND THE WAR

DR. MORRIS FISHBEIN

October 13, 1942

The Medical Profession was the first called in the war effort and will probably be the last called upon, since its work extends after the war ends. Every member is already engaged in some war activity. I doubt if any other profession in the nation can compare with the medical profession in the work it is doing for the war effort.

In 1940 we were called by the Army and Navy to begin our preparation for meeting the needs of the Army, Navy, U. S. Public Health Service, industrial medicine and the care of civilians. The American Medical Association appointed a Committee on Medical Preparedness. Conferences were held in Washington, and endeavors were made to secure a coordinator in Washington for medicine. However, conditions did not develop in such a manner that a single coordinator could be installed. I am inclined to believe from experience that prompt appointment of a coordinator would have avoided much of the confusion. Even so, medicine is today better organized for the war effort than is any other group in the nation. I believe that the War Manpower Commission will have to follow the same plan for all labor and for all trained labor particularly. Until such a pattern is followed there will not be proper allocation of the manpower of the nation.

In classifying physicians two punch card systems are used; one is the National Roster of Scientific and Specialized Personnel; the other was developed by the Division of Medical Sciences of the National Research Council; moreover, the Association has everything concerning a physician on file in Chicago.

In the Selective Service some 28,000 physicians have given their services without any remuneration whatever.

Nothing in this war is permanent. Methods

of examination have changed repeatedly and are still changing. A complete physical examination was originally planned with certain laboratory studies and x-rays. I visited a streamlined examination in Chicago not many weeks ago where 1500 men are examined in three hours. They go through rapidly, and Wassermann tests are taken on all the men. It is all done by the streamlined mass method technique. Five people get the blood from the 1500 men; two dentists and many doctors examine them. A doctor wrote me a letter last week saying that the examinations had become so speedy where he was that now a man was placed on a platform, one doctor looked up from below and another doctor looked down from above and if the doctors did not see each other the man was in the Army.

We began with an Army for training; now we want an Army for fighting. We were the first Army in the world to count teeth demanding six in the upper jaw opposite six good teeth in the lower jaw. In the German Army, if a man can digest the food given him, he is good enough. Our rejections on teeth got up to 30% for a time, while the German and Jap Armies have no such rejections.

In the same way our standards for weight and height are the best. We are answering the challenge that we are an undernourished nation. Relatively we are the best nourished people in the world. In the Civil War the average soldier's weight was 135 lbs.; in World War I, 142 lbs.; and in the present war it is 150 lbs. Our percentage of disease due to malnutrition or undernourishment is lower than that of any other Army in the world.

In 1941 our death rate for the Army was 2.7% as compared with 8.8% for men of the same age in civilian life. Since the setting up of the standards for inducting them into the Army and Navy rests upon the medical profession we can be proud of having done a fine

job in the Selective Service system in the passing of men from a physical point of view.

I believe that everything that has been done in handling the doctor situation is right along the line of what is scientifically correct. At first the idea was that we would enlist as many doctors as we could enlist. We called first on the National Guard of the states; then we called on the Reserve doctors. We confronted the world with the fact that we had a Reserve Corps but found that it was not a true Reserve Corps. Men in that Corps did not present actual assets.

Out of 16,000 men we had in the Reserve Corps, only 8,000, or about half, represented men who could be called into the service. When we are dealing with a war we have to be sure that we have a real Reserve Corps. We found out that we are going to have to have more medical officers. We started out talking about an Army in training of one million men, then at the end of 1941 we talked of an army of $2\frac{1}{2}$ million men, and in 1942 we talked in terms of a $4\frac{1}{2}$ million man army; now we are talking of an army by the end of 1943 of $7\frac{1}{2}$ million men. Our quota of doctors is $6\frac{1}{2}$ doctors for every 1000 men.

At present there are more than 40,000 doctors on active duty with the Army and Navy. In the medical profession of the United States there are 176,000 doctors licensed to practice. Of these 152,000 are actually in practice. 40,000 out of 152,000 are now actually in the Army; approximately one-fourth are on active duty. The state of Delaware has about 361 doctors licensed to practice and you have about 207 under 45 years of age, about 112 between the ages of 45 and 55, about 14 between the ages of 55 and 65, about 12 between 65 and 75, and 11 over 75 years of age. Delaware, I think you will be glad to hear, has contributed 130% of its quota. The quotas demand one physician remaining for every 1500 civilians left in the state. Before the war we had about one for every 700; now we are allowing a considerable reduction in ratio for the civilian population. At present, we are endeavoring to cause New York, Pennsylvania, California, Massachusetts, and Illinois to fill their quotas.

The most accurate figures that we can obtain indicate that Germany at present has one physician for every 12,000 civilians. An

edict was issued by the Fuehrer naming a fuehrer for medicine. He ruled that a woman should not have a doctor for normal obstetrics. She must have the baby at home unless it is a surgical obstetrical case. Two hospitals were designated for surgical obstetrics. All other women were to be delivered by midwives at home.

Medicine plays a definite part in the war situation. In September, 1941, at the request of the President, Mr. McNutt called together a group of representatives of the medical profession, including his own Health and Medical Committee. As a result of this meeting, medicine is now being handled in a coordinated manner with committees for personnel and supplies. The Procurement and Assignment Service for Physicians, Dentists and Veterinarians has charge of personnel. Eventually the Medical History of World War II will tell the whole story. Part of that picture will concern civilian medicine. When the war began there was no roster of doctors in the Federal Government. The American Medical Association offered a copy of our list, and the punch card system was copied for the National Roster in Washington. But in the American Medical Association we have other files of great importance at this time. There is the classification of physicians as specialists and their ratings according to other qualities. That was developed by a committee working with the National Research Council. When a man is considered for a higher rank, that record is important as well as the individual record of his career on the National Roster.

Now it became necessary to decide what was an essential physician. Every medical school and hospital was permitted to state which members of its staff were essential. There are few people in the world who are really essential in what they are doing. There are few people who cannot possibly be replaced by some other person who is available. One medical school presented its first list of essential men and named 230 as vital to the school; when asked to reclassify their men they cut the list to 86, and on a third classification cut to 26 who are now considered really essential for teaching. Finally, industry and public health have been asked to cut their lists. A chief industrial physician had 42 young men

on his staff. At first he gave them all as essential men. He is now down to five and has replaced some of the younger ones with older men. The law has wisely placed the decision as to who are essential men, not with the doctors, not with industry, but with the local draft board. There is, of course, an appeal from the local board and from the appeal board.

The Procurement and Assignment Service has allocated one doctor to 1500 people. What are we going to do with the areas that are short of doctors? Some 12,000 doctors in this country volunteered to be dislocated for the period of the emergency. A dislocated doctor is one who volunteers to move from where he is to another area. There is the problem of the state laws regulating the licensing of physicians. You know how these laws vary in different states. We had in the United States, prior to the outbreak of the conflict, about 175,000 licensed physicians, which is about one physician for every 700 civilians.

From 1930 to 1939 we had about 2100 or 2200 refugee physicians in this country. Of the 1500 or so who have not been placed, many offered themselves for various services. They are like many other physicians; they are not all equally good doctors. About 10% of them are exceptional men, another 20% very good, another 30% fair to average, about 20% less than average, and the rest that you would not trust with any kind of practice. That same condition exists in every country in the world complicated by the fact that the men are much older and that some of them are not qualified. In England, they have now placed 800 in government institutions from which British doctors have been released for general civilian work. We may have to come to something similar in this country. Temporary licensing will have to be worked out for the refugee physicians.

A considerable amount of funds has been established to aid research and to standardize the routines used in the Army and Navy. Manuals of various kinds have been prepared for the medical profession and public generally.

I believe that we are no further along with neuropsychiatry in the present war than we were in World War I. We are not rejecting

any more men than in the previous war, and our percentage of breakdown is just about as much now as it was in World War I. I have just returned from a visit to a large Army camp. I have seen cases of dementia praecox and melancholia. Neuropsychiatry has not yet developed sufficiently as a science to help determine who are unfit. Mrs. Roosevelt visited an Army camp a few weeks ago and she, too, was surprised at the number of these cases. Great Britain and the French are having the same difficulties. When the neuropsychiatrists standardize a test something like a blood count, we may then be able to prevent this tremendous loss. It is a tremendous loss to the government to have a man break down during the war. They say the reason better diagnoses and better prognoses are not made is due to the lack of time for the examinations. I have figured that if the psychiatrists were given two hours to examine each man who is to be inducted into the Army, they would require about 10 to 20 million hours for their examinations alone. This would mean that the last group of men would be examined and ready for induction into the Army about 1980. There, I think, is a definite deficiency. How it is to be overcome I do not know. There are boards of neuropsychiatrists working at it.

When we started the war we did not realize the value of research. The sum allotted to medical research was some \$60,000. The problems of research in war are so tremendous that that nation which does the most for research during the war period is likely to end the war. Engineering must be combined with medical science in order to accomplish the best research. The nation that does that best is likely to win the war. The Germans claimed that they had developed a remarkable pill that would enable their fliers to fly further and get back safer. The pills turned out to be methyl benzedrine. We do not use methyl benzedrine in this country. By the time we got around to proving it was no good at all the Germans had discarded it themselves and had warned against the use of methyl benzedrine. Fatigue is the big problem in aviation. We are training a great group of flight surgeons under the best scientific methods.

You have heard previous references to tropical disease. A few days ago I talked to a Colonel in the Air Force who was on Bataan as late as April. We heard Bataan was lost because of lack of quinine. It has been said that Bataan was lost on account of an insufficient amount of Paris green distributed by airplanes. We have heard that it was lost because we did not get help there soon enough. We have probably all read the newspaper account of the people who stood and looked up at the sky saying, "When will help come from the United States? ". I have talked to nurses, doctors, officers of the line and Filipinos. They did not expect any help. They will tell you, "We knew that it just could not come." As for Paris green, I have no doubt the Colonel is quite right about its use to prevent malaria. While the shooting was going on in the air, it would have been difficult to send planes up to spray Paris green over the islands. If we were able to do that amid an air raid, we could send airplane ambulances up too. Once you can fly airplane ambulances during a battle the war is won.

Now comes the question of civilian defense. The physicians who remain in the civilian population are important for the winning of the war. Sooner or later we are going to have to recognize the positions of the civilian physicians who are taking these tasks on such a large scale, particularly the man over fifty years of age who cannot qualify for a position in the Armed services.

The Federal government says that every situation of a medical character shall be handled locally and through the state agency as far as possible. A doctor will have to take care of the sick, do all necessary examinations for insurance, public schools, and industry. He will have to give all preventive inoculations in a community—small pox, diphtheria—or in case of epidemics care for all civilian population. All sorts of jobs in war time fall on the physician. Also there is the maternal and infant welfare work. The Army is helping out now because it has been decided that the Army hospitals may accept maternity cases. Then, too, the men who remain at home are going to have to conduct the draft boards, and provide certificates for food and fuel rationing. Old people and infants must have

food and oil, so the physician is the one who is considered the logical man to determine just how these should be rationed. Each fuel administrator will have his own board of physicians. The same thing applies to special foods that are needed. The physician has to provide the civilian defense, and he has to learn about gas poisoning. In addition to the work on civilian defense he has to aid the Red Cross and teach courses of first aid.

I believe that our medical profession has stood up in this war as nobly as any profession could stand. We are going to be confronted with a situation after the war of a nation with a depreciated medical profession and with attempts to lower ethical standards. There have been, in all previous wars, revolutions once the war is over. From what I have observed in Great Britain there is a revolution there now, before the war is over. They are already urging a complete state system of medical practice. The Senate Finance Committee voted two weeks ago against any expansion of the Social Security Law at this time. The medical profession of our country has been alert and must continue to be exceedingly alert if we are to continue a scientific evaluation in the distribution of medical service and prevent destruction of the great profession that we have builded.

PSYCHIATRIC TESTS FOR MILITARY LEADERS

"Fuehrer Probe" Described

Trained psychiatric observation and periodic tests for military commanders and chiefs of staff to prevent errors in judgment which might prove costly to the nation was advised by Dr. Emilio Mira, chief psychiatrist for the Republican Army in the Spanish Civil War, speaking before the New York Academy of Medicine, in the second of three Salmon Lectures, on November 13, 1942.

"The overworked or exhausted leader may lose a battle," Dr. Mira declared, "because he is too proud to admit that he is worn out and to ask for a rest. The trained psychiatrist, if he is in close touch with the leader, can detect signs of mental strain and failing energies before it is too late. But the psychiatrist cannot and must not wait until the strain is overpowering."

Dr. Mira proposed a plan for attaching experienced psychiatrists to the staffs of military leaders engaged in planning and conducting strategy. The psychiatrist's task would be preventive—to supervise the mental hygiene of the commanders just as specialists in aerial medicine guard the mental and physical health of air pilots.

"The only objective method of determining the leader's mental fitness for his work at any given moment," Dr. Mira continued, "is a simple psychological test which measures his mental attitude and self-control, in approximately ten minutes. The test is not designed to measure his I. Q. which is, naturally, taken for granted." The test, which Dr. Mira calls "Myokinetic Psychodiagnosis," was described more fully in the third Salmon Lecture on November 20th at the New York Academy of Medicine.

"It is much more important," Dr. Mira pointed out, "to get a rest for an exhausted chief of staff than it is to select accurately 100 soldiers. The Spanish War is rich in experiences which show how necessary it is."

When a leader becomes depressed or "jittery" from days of sleeplessness and strain he could be transferred from the scene of action, given a rest or change of scene, the speaker suggested. If it is necessary to remove the commander from the scene of action, his removal may be justified on technical grounds, to preserve the morale of his troops.

"Vacations or furloughs are usually given out by the Commanding Officer to those of his men who have undergone severe strain. In the case of the commanders, furloughs should be given on the recommendation of the psychiatrist.

Dr. Mira described the three most observable types of psychopathic or abnormal behavior found among members of the armed forces in war-time. They are: explosive or aggressive behavior, drunkenness, and extreme resentment.

Of the last type he said that there is no greater mental hazard than smoldering resentment. It appears often among soldiers for fancied inequalities, or because they feel they are mistrusted or feel that they are superior in intelligence to their officers. Resentment often attacks the heads of an

Army and is often accompanied by delusions of persecution and by a withdrawing into self.

"This resentment is felt today by many enemy aliens, in democratic countries," Dr. Mira said, "who long to fight against the Axis but realize that they are mistrusted and watched with suspicion."

Drunkenness usually appears in wartime, the speaker said, in those soldiers and officers who feel that they must drink to sustain their courage. Prohibition by the Army is not much use, because they may find an "ersatz" drink which is even worse than alcohol.

"One method of solving the drinking problem in the Army," he said, "is by placing identification tags on men who have been found drinking, so that they may be observed closely by their superiors, in an attempt to discover the cause of their excessive drinking. The tendency of alcoholics to congregate among themselves is overcome by assigning an alcoholic, as if by chance, to a more stable, non-drinking partner.

The explosive or aggressive type of behavior is common among the introverted members of the military forces, who for a long time inhibit their feelings, then suddenly, on slight provocation, explode into some act of motor or verbal violence which is a flat infraction of military rules and carries the death penalty. This action is usually followed by a brief period of amnesia, so that the victim is unable to remember what he has done. Dr. Mira suggested that in such a case it is wise for the commander to render the man "temporarily invisible."

Despite these abnormalities of behavior in war time, Dr. Mira declared, the discipline of military life and of war is more likely to help than harm individuals of abnormal personality characteristics. Some mild schizophrenics react splendidly under the stress of bombing and battle, because war supplies the stimuli to make them forget their inner conflicts and makes them behave like normal people. Whereas, on the other hand, normal people are apt to plunge into deep depression and become helpless under the same circumstances. Hence, the contrast between the two groups is considerably lessened in wartime.

Another type of abnormal behavior common in wartime is the psychoneurosis or ab-

normal mental state which is produced or heightened by war conditions. This is opposed to the psychopathic state, which existed previous to the war and independent of it. War does not increase the number of psychopathic victims, but it does greatly increase the number of psychoneurotics. The latter express themselves in hysterical outbursts, anxiety states, and the loss of motor control.

This loss of motor control usually is evidenced by paralysis or extreme trembling. It is due, Dr. Mira believes, to the inhibitions against movement which have been set up in the brain as a result of excessive fear and exhaustion. It is not the result of a subconscious desire to escape an intolerable situation, as was formerly believed.

Treatment of this motor disability may produce a seemingly complete cure. However, the symptoms are apt to reappear, and the less extended they are, the more difficult they are to cure.

When trembling is confined solely to the fingers, it is more difficult to clear up than when it extends to the whole body. Similarly, the man who suffers from complete paralysis induced by fear and anxiety is easier to treat successfully than the one who has only a slight limp.

In an outline of the psychological tests used by the German Army in selecting officers Dr. Mira described the "Fuehrer Probe", or leader test, in which an officer candidate is required to issue commands and provide leadership to a group of men whom he has never seen before. He must also demonstrate his behavior before his friends.

Since Germany believes that selection of leaders is vastly more important than selection of men, tests for officer candidates are very comprehensive, lasting two full days and covering all aspects of the candidate's physical, mental and emotional experience.

"The psychological examination is not finished when the test is over," Dr. Mira pointed out. "It continues through the life of the officer, with all his actions continually being compared with the results of the first test.

"Martial quality and personal heroism are more important in a soldier than martial technique. The kernel of the military voca-

tion is self-denial and what the Germans describe as 'meekness.' This meekness, they believe, can transform men into heroes.

"Hence, the Germans say it is nonsense to call Napoleon a hero. He lacked self-subordination and meekness, they say. He was the subject of impulses and devils, and not comparable to the real German hero, Frederick the Great."

It is the task of the psychological examiner to discover if these essential characteristics are present in the candidate.

In carrying out tests for officer material, German psychologists are admonished (1) that they must not try to get the whole picture of the man at once—all the aptitudes of a good soldier cannot be discerned immediately; (2) no model of a great soldier should be set up as an ideal—there are many different types of men who would make excellent soldiers; (3) normal situations should be provided in the testing so that reactions may be spontaneous and natural. (4) all aspects of the behavior should be observed. (5) predispositions and racial trends should be considered.

The tests which are given potential officers include: personality test from interview and observation; test of motor control in jumping, racing, marching; technical and practical test; written "intelligence" test, and time of reaction to assigned physical tests.

In the personality interview, candidates are questioned about: their past life, including education, friendships, trips, etc. Their facial and verbal expressions, are considered, and their handwriting is analyzed.

A final consideration urged on psychologists in selecting officer material is the age of the candidate—the examiner should consider what the man will be like in twenty years, as well as what he is today. Although prognosis is not simple, it must be attempted and as objectively as possible. The psychiatrist-examiner must give his opinion on the whole personality of the man, and must not be concerned with partial aptitudes.

Dr. Mira pointed out that the use of psychological tests in selecting Army personnel was justified to parents in Germany as the most just and safe method of selection.

Aptitude for specific military tasks of sol-

diers is also tested. Marching is a good indicator of psychological problems. The tediousness and monotony of marching when it is for no purpose other than officer's orders brings out hidden maladjustments readily.

Tests for tank drivers and air pilots are designed to discover motor coordination, rapidity of movement, courage, attention, and type of personality. Results show that most renowned fliers have been men of restraint, refinement, high sensitivity, objectivity, accuracy of judgment, and good equilibrium.

"Special skills are more necessary in this war than in the last," Dr. Mira said. "Today, men must know how to handle grenades, mines, rapid-fire guns, hand-bombs and anti-tank cannons. Men for patrol duty must be skilled in observing nature."

The final test for all military men, officers and soldiers, is that of compensation, or the weighing of favorable qualities against weaknesses, to discover which predominate.

MEDICAL MANPOWER HEARINGS

Performance of Senator Pepper's Hearings Is Not Likely To Improve The Morale of American Medicine, Journal Says.

The impartiality of the United States Senate subcommittee hearings on medical manpower, being held in Washington, is questioned by *The Journal of the American Medical Association* in an editorial in its November 14 issue which says:

"The Procurement and Assignment Service for Physicians, Dentists and Veterinarians, established as a part of the War Manpower Commission, is carrying on a scientific, carefully considered allocation of physicians, dentists and veterinarians to meet the needs of the armed forces, industry and the civilian population, as directed by the President of the United States in his order establishing this body. Nevertheless, a small group of individuals, including a few physicians, apparently dissatisfied with actions of the Procurement and Assignment Service in some instances, was mustered to appear before a subcommittee of the Committee on Education and Labor of the United States Senate for hearings now being held in Washington. The American Medical Association was represented only on its own request. Obviously the

American press has not been able to reflect fully the various facets of what some newspaper men have described as a 'one man inquisition' conducted by Senator Pepper. *The Journal* hopes in future issues to print a rather full account of the hearings. Physicians may then judge for themselves the nature of the inquiry and the end apparently sought.

"One of the chief facets thus far obvious is the desire of some industrial leaders and of the full time staffs of physicians which they employ to maintain their individual empires without disturbance regardless of the needs of the armed forces for physicians. They believe apparently that individual physicians should be taken by the armed forces before clinics, private hospital staffs, industrial organizations or similar groups are in any way disturbed. The first objective of the nation is the winning of the war. The armed forces require preferably physicians under 40 years of age. The decision as to who is physically fit or unfit for military service and as to who is 'essential' or 'not essential' cannot be left to the opinion of the individual physician himself or to the organization which employs him.

"The statements of Dr. Frank H. Lahey, chairman of the board, and of Dr. Max E. Lapham, director of the Procurement and Assignment Service, placed clearly before the Pepper 'inquisition' the facts regarding the number of physicians in the United States, their availability for various types of service, the procedures that are being followed in protecting industry and civilian communities against a shortage of medical manpower, and the absolute impartiality with which the affairs of the Procurement and Assignment Service are being administered. Some witnesses tried to force the concept that the personnel of the Procurement and Assignment Service with all its widespread organization throughout the nation, including the corps area boards and the state and county officials, all of whom contribute their services without remuneration, are creatures of the officials of the American Medical Association. Some representatives were charged with utilizing their positions to interfere seriously with the orderly functioning of American medical practice and indeed to injure the public health.

The concept is itself as false as many of the other insinuations that were made by some of those who testified. This will be clear to every physician who studies this testimony when it is printed.

"Prime movers in this assault on the Procurement and Assignment Service and perhaps also on the War Manpower Commission, of which it is a part, are, as will be obvious from the testimony, Paul de Kruif, Ph. D., Michael M. Davis, Ph. D., Mr. Henry J. Kaiser, eminent industrialist, the head of his medical services, Dr. Sidney Garfield, and two physicians who are said to have been heard in executive sessions of the committee and whose names are thus far not available. Accompanying Senator Pepper in his conduct of the 'inquisition' are two economists, most of whose questions, as will also be clear in the published testimony, are directed toward establishing the view that American medicine has failed to meet its obligations in the war effort and that some agency must be established with totalitarian control over all medical facilities.

"In his testimony before the hearings Dr. Thomas Parran of the U. S. Public Health Service spoke strongly in behalf of the services being given by the medical profession in this time of the nation's need and stated without the slightest equivocation:

"Senator Pepper: Do you think that allocation of medical personnel between military services and civilian work should have been handled through the Public Health Service rather than through the Procurement and Assignment Service?

"Dr. Parran: I think the present arrangement is the best. As a matter of fact, after seeing the system as it was set up in Great Britain eighteen months ago, I discussed that system with the Health and Medical Committee and others and perhaps was responsible to some extent for a separate group representing the medical and dental professions being set up to deal with this problem.

"Nevertheless, 'Ph. D.s' de Kruif and Davis do not hesitate to endeavor to force on the U. S. Public Health Service a responsibility which the Surgeon General of that service certainly does not seek and which is opposed to his own statement based on serious study

and established knowledge that he considers the present method 'best.'

"Already evidence has been submitted that the services established by Mr. Henry J. Kaiser, under the direction of Dr. Sidney Garfield, are endeavoring to hold from the armed forces even the opportunity to determine for themselves whether or not the considerable number of young men employed on salaries by this industrial organization are fit and available for military service. Certainly the decision as to whether or not these young men may best serve the nation in time of war in the armed forces or in the civilian capacities which they now occupy cannot be left to their employers. The final responsibility does not rest on the Procurement and Assignment Service, which can only indicate its belief as whether or not such men are essential. The decision rests—and wisely—with the local boards in the areas concerned; these boards may give consideration to the recommendations made by the Procurement and Assignment Service. From the decisions of the local Selective Service boards appeal may be made, according to conditions established by our government, even as high as the national agencies in Washington or the President himself. Every young physician in the United States under 40 years of age should now determine in his own heart and in the light of the principles of public service traditional in medicine, whether or not he is doing his utmost to serve the nation in this time of emergency.

"When the transcript of the hearings is published in forthcoming issues of *The Journal*, readers may determine the extent to which the hearings conducted by Senator Claude Pepper of Florida represent a courteous effort on the part of a public official to determine the facts, so that representatives of the people may legislate wisely to meet the needs of the hour, or whether or not a public agency, namely a senatorial hearing, is being used—or abused—under the leadership of a senator, to pillory a profession. Already that profession has contributed to the armed forces more than forty thousand physicians, the very best that the nation can supply. The remainder are working without thought of hours, of exposure, of fatigue or of recompense to maintain medical service for the American people in this time of trial. The performance displayed in Senator Pepper's hearings is not likely to improve the morale of American medicine at the very time when it should be at its highest in the service of the war effort."

Editorial

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THE CHICAGO CONFERENCE

The Annual Conference of Secretaries and Editors of Constituent State Medical Associations was held in the American Medical Association Building, Chicago, on November 20th and 21st. The program was as follows:

Call to Order. Roger I. Lee, Boston, chairman of the Board of Trustees of the American Medical Association. H. H. Shoulders, Nashville, chairman.

Address. Fred W. Rankin, Lexington, Ky., President of the American Medical Association.

The Reserve Medical Officer in the War-time Setup of the Navy Medical Corps. Rear Admiral Ross T. McIntire, Surgeon General of the United States Navy.

War Problems for Medicine. Frank H. Lahey, Boston, chairman of the Board of the Procurement and Assignment Service for Physicians, Dentists and Veterinarians.

Address. John H. Fitzgibbon, Portland, Ore.

Address by Brig. Gen. Charles C. Hillman, Representative of the Office of Surgeon General of the United States Army.

Address. James E. Paullin, Atlanta, President-Elect of the American Medical Association.

The Health of Our Nation in Wartime. Gen. Thomas Parran, Surgeon General of the United States Public Health Service.

The Medical Needs of the War and the Selective Service System. Col. L. G. Rowntree, Chief of the Medical Division of the Selective Service System.

Physicians for Civilians. Creighton Barker, New Haven, Secretary of the Connecticut State Medical Society.

Functions of War Participation Committees. Walter F. Donaldson, Pittsburgh, Chairman of the War Participation Committee of the American Medical Association.

Dinner Meeting of Editors of State Medical Journals. Stanley B. Weld, Hartford, Editor-in-Chief of the Connecticut State Medical Journal, presiding.

Address. Stanley B. Weld.

Improving the Methods of Transmitting Information to Physicians. Julian P. Price, Florence, Secretary and Editor of the Journal of the South Carolina Medical Association.

Address. Morris Fishbein, Editor of the Journal of the American Medical Association.

Medical Service Plans. James C. McCann, Boston, president of the Massachusetts Medical Service.

Medical Service Plans of the Farm Security Administration. A. M. Simons, Chicago, Bureau of Medical Economics of the American Medical Association.

Recent Developments in Industrial Health Activities. Carl M. Peterson, Chicago, Secretary of the Council on Industrial Health of the American Medical Association.

Address. Brig. Gen. David H. B. Grant, Chief of the Medical Bureau, Army Air Corps.

This ambitious program was carried out with skill and dispatch, due largely to the ability of the Chairman, Dr. Shoulders, whom you will also recognize as the Speaker of the House of Delegates of the A. M. A.

Much that was said was for the immediate audience only, but the major part will be published by the A. M. A. (Cf. J. A. M. A., Dec. 5, 1942, p. 1135) and those portions that have significance for the Delaware profession will also appear in this JOURNAL.

These Conferences, year by year, are assuming an increasing importance; in fact, many believe that, next to their House of Delegates, they are the most important meetings held by the A. M. A. Certain it is each state secretary and editor gets a national purview of many pressing medico-legal, economic and organization problems, and other valuable information, much of it "inside stuff," for the guidance of their state associations and journals.

DOCTORS IN THE SERVICE

We have commented before (editorial, July) on the active response of the Delaware doctors to the call to duty in the services. The profession here has done considerably better than in the average state, where the response was 126 per cent. of its quota; Delaware's was 152 per cent. The highest was in New Mexico, with 224 per cent; the lowest was in Nevada, with 65 per cent. As a section, the southern states far outstripped the rest of the country. The 1942 excess over 100 per cent will be a credit against the 1943 quotas.

The latest list is as follows:

PERCENTAGES TO 1942 QUOTA As of Oct. 31, 1942

State	% to Quota
Alabama	204
Arizona	156
Arkansas	122
California	81
Colorado	124
Connecticut	76
Delaware	152
Dist. of Columbia	100
Florida	118
Georgia	149
Idaho	162
Illinois	82
Indiana	136
Iowa	116
Kansas	114
Kentucky	168

Louisiana	214
Maine	128
Maryland	109
Massachusetts	78
Michigan	126
Minnesota	98
Mississippi	161
Missouri	104
Montana	122
Nebraska	91
Nevada	65
New Hampshire	85
New Jersey	107
New Mexico	224
New York	78
North Carolina	163
North Dakota	114
Ohio	115
Oklahoma	132
Oregon	113
Pennsylvania	93
Rhode Island	92
South Carolina	174
South Dakota	137
Tennessee	166
Texas	147
Utah	111
Vermont	96
Virginia	138
Washington	126
West Virginia	153
Wisconsin	85
Wyoming	158

With this issue, the Editor has been "on the job" for twenty-seven years, not by far a record-breaker among the state journals, but withal a fairly comprehensive apprenticeship. By far most of this experience has been pleasant, but there have also been some headaches, which is as it should be—it takes the rain to make us appreciate the sunshine. We are now getting our second war experience, which we hope will soon come to an end—this is one kind of experience we prefer to do without. What things have happened to American medicine and American medicos within the past year! May we never see their like again. This brings us to another year, and in this New Year may the Prince of Peace bring peace and may the Great Physician heal a sick world.

The Journal sincerely wishes you a Christmas happy for its home-comings, in farewell, and a New Year happier for its reunions, in peace.

MISCELLANEOUS

Medical Licensure Must Be Geared to War Needs

Discussing the problem of medical licensure for "dislocated" physicians who have volunteered for service in civilian areas where, because of the war, a shortage of physicians exists, *The Journal of the American Medical Association* declares in its November 21 issue that the process of licensure in the various states must be geared to meet this emergency. *The Journal* says:

"Some thousands of physicians have already indicated to the Procurement and Assignment Service for Physicians, Dentists and Veterinarians their willingness to be 'dislocated' for the duration of the emergency to meet the needs of the civilian population in some areas from which physicians have gone to join the armed forces.

"When the proposal was made to accelerate medical education in order to aid the provision of additional physicians at the earliest possible time, the Federation of State Licensing Boards, utilizing the Bureau of Legal Medicine of the American Medical Association, made a survey of the laws regulating the licensing of physicians in various states, with a view to adopting at the earliest possible moment means for modification of regulations or of laws to meet the speeded process of education. If a physician is to be 'dislocated' from one area to another in the same state, there will not be any difficulty in licensure. If, however, a physician is to remove to another state in which he has not been licensed, there may be difficulties in securing for him the right to practice. Clearly the processes of licensure must be geared to meet this emergency. No doubt much can be done administratively to meet the situation.

"The granting of temporary permits to practice for the period of emergency and perhaps for a brief time thereafter has been suggested as one means of meeting the problem. Already a bill authorizing the issuance of such permits for the District of Columbia is pending in the Congress. In one state, New Hampshire, an amendment was enacted fifteen years ago by the section of the medical practice act prescribing qualifications to be possessed by

applicants and authorizing the board of examiners to suspend the requirements in whole or in part in case of war or other threatened or existing national calamity. In this period of war, powers rest in the hands of government leaders the exact limits of which are not fully determined. It has been reported that the Attorney General of the United States has ventured the opinion that licensure laws might be invalidated for the period of the emergency. The suggestion has also been made that state legislatures might immediately pass enabling legislation for such invalidation if necessary to permit physicians to practice temporarily in such states. The legislatures of forty-four states will meet next year so that the necessity of additional legislation might well be considered at this time. Consideration might be given also to the possibility of eliminating fees for reciprocity in the case of a physician who offers himself for 'dislocation' during the emergency. In many states the boards may now grant temporary permits to practice previous to the time of the next available examination. If temporary permits are to be issued, the state boards of registration and licensure will need to establish safeguards to prevent the process from becoming the medium by which standards of medical licensure and practice may be depreciated.

"As is apparent from the hearings on medical manpower before the Pepper committee, some agencies are not adverse to promoting a revolution in the control of medical practice on the basis of shortages of physicians existing in various portions of the country. Already several efforts have been attempted to break down the standards of medical education and medical care and to bring into the practice of medicine half-educated physicians and incompetent cultists. The Federation of State Medical Licensing Boards should realize that there rests on them at this time a great responsibility. The present requirements on licensure should not be permitted to interfere with the supplying of essential scientific medical care to the civilian population in this period of emergency. Neither should there be tolerated any attempt to break down the high standards of medical

education and practice achieved by a continuous struggle of more than thirty-five years."

Albumin From Blood Plasma As Substitute In Transfusions

The discovery that the albumin contained in human plasma (the liquid portion of the blood) can be injected or transfused in a more highly concentrated form than the whole plasma is said by *The Journal of the American Medical Association* in its November 28 issue to provide a new method of great effectiveness for combating shock from injuries, hemorrhage and burns.

The new method is particularly important because it greatly facilitates transfusions to the wounded on the field of battle, thus helping to reduce the mortality rate from shock. According to a recent statement of the surgeon of the Navy, this was demonstrated a short time ago in battles in the South Pacific. One-fifth as much human serum albumin is required for a transfusion as is needed when the entire plasma is used, 100 cc. of albumin in solution being equivalent to approximately 500 cc. of plasma. This not only facilitates shipping and storage but also administration.

The new method resulted from research projects sponsored by the Bureau of Medicine and Surgery of the Navy Department. Three reports on the investigations are contained in the October issue of the *U. S. Naval Medical Bulletin*.

Commending on these three reports *The Journal* explains that "albumin makes up about 62 per cent of the total protein of human plasma and is chemically the most soluble and most stable of the plasma proteins."

The Journal says that one of the reports presents evidence that human albumin is safe and effective under clinical conditions, based on the effects noted in 200 instances in which it was given.

The types of cases treated were classified as shock due to trauma or injury, hemorrhage, operation and infection, early and late burns and other conditions.

"The administration of human serum albumin," *The Journal* says, "may be considered an established procedure on the basis of

this work and the work which has preceded it."

One of the other reports, *The Journal* explains, "describes the standard Army-Navy package of human serum albumin (concentrated). For this purpose a 'unit' of human serum albumin is defined as 25 Gm. This is . . . equivalent to approximately 500 cc. of citrated plasma. In the standard package the 25 Gm. is dissolved in 10 cc. of a specially prepared solution in which concentration it is stable for temperatures up to 50 C. The solution is contained in a double ended glass ampule, rubber stoppered at each end. Each ampule together with the apparatus for its administration is enclosed in a metal can. Three of these cans, containing the . . . equivalent of 1,500 cc. of citrated plasma, are packaged in a fiber board box."

The Journal says that because of this and previous work a new method of great effectiveness has been made available for combating shock on the field of battle and that "furthermore, this series of investigations may be recognized as a demonstration of cooperative research at its best."

Fifth Annual Congress on Industrial Health

The problems associated with the maintenance of industrial health continue to attract increasingly the attention of physicians, employers, workers and governmental agencies. Indeed, the hearings before the Pepper committee on education and labor served to focus the public eye on the situation. The program for the fifth Annual Congress on Industrial Health, on page 1145 of the Organization Section of this issue of *THE JOURNAL*, has been designed to illustrate how industrial health services can be extended and improved.

The demand for industrial health service has increased at a time when the facilities and personnel of medicine cannot assign the numbers of physicians and technicians necessary for ideal coverage. Intensified organization for the certification and training of physicians essential to industry becomes necessary; these plans will be discussed during the congress. The growing influence of labor in the industrial health program will be represented by a description of activities currently under way by employee-management produc-

tion drive committees now organized in more than sixteen hundred plants at the request of the War Production Board.

A symposium on Infections in Industry will be conducted jointly with the Council on Pharmacy and Chemistry to include not only those of definite occupational origin but also others causing serious loss of time in industry, notably those affecting the upper respiratory system.

Another significant development in industrial practice is the changing nature of the work force; men are being replaced by women, older men, young workers and the handicapped. Each presents a new and different group of health problems.

Another session of the congress has been assigned to industrial medicine and the emergency. Here recent experience in functioning with less well trained help, the possibility of using technicians and aides to a greater extent as replacement for more skilled people, more effective use of medical records as guideposts to needed preventive medicine and hygiene, and closer association between industrial medical facilities and those being set up for emergency medical care under the Office of Civilian Defense will be elucidated.

Innovations during this congress will be symposiums on Medical Relations in Workmen's Compensation, jointly presented with the Bureau of Legal Medicine and Legislation, and on Recent Developments in Rehabilitation, presented jointly with the Council on Physical Therapy.

On the last day a round table on Nutrition of Industrial Workers will be held in company with the Council on Foods and Nutrition and interested personnel from the National Research Council and the United States Public Health Service. Directly following this symposium a conference on industrial health to which the public will be invited will be held under the joint auspices of committees of the Chicago Medical Society and the Illinois Manufacturers' Association. Many other state and local organizations will collaborate.

An exhibit is planned which will demonstrate the industrial health services now available through agencies in organized medicine, public health and a few independent

agencies. According to present plans, about thirty exhibits will be shown.

Once again this program reveals the desirability of focusing the attention of almost every phase of medical activity on the health problems of industry.—*J. A. M. A.*, Dec. 5, 1942.

[Ed. Note—Dr. John H. Foulger, Director, Haskell Laboratory of Industrial Toxicology, and Dr. Lemuel C. McGee, Medical Director, Hercules Powder Company, are on this program].

Fifth Annual Forum On Allergy

This international post-graduate society will meet in the Hotel Statler in Cleveland, Ohio, the week end of January 9th and 10th, 1943. This Forum will offer in most intensive presentation both the new and the old in allergy. The meeting will be characterized by its use of all the various types of instruction. Formal lectures, special talks, dry clinics, study groups, moving pictures, Kodachromes, panel discussions, ending with an "Information On Allergy, Please," will all be used to teach the physicians of the United States and Canada. Not only will specialists in this new field of internal medicine gather but also those whose interests are in allied fields of medicine will be welcome, for in war time every physician is called upon to advise and treat allergic patients. This is especially true of those in internal medicine, diseases of children, skin, eye, nose and throat, as well as those engaged in basic research in immunology. A course in immunology as it applies to allergy will be given the week before by Dr. Eckers to a limited number of physicians and associates. Any physician interested in either or both of the foregoing is invited to write to Dr. Jonathan Forman, 956 Bryden Road, Columbus, Ohio, for copies of the printed program and registration blanks.

American College of Physicians

The Board of Regents has announced the cancellation of their 1943 Annual Session, which was scheduled to be held in Philadelphia, April 13-16, 1943. This action was taken after thoughtful consideration of all factors

involved, including an intimation from the Secretary of War and the Office of Transportation that larger national medical groups should not plan meetings at the time set; a growing difficulty in getting speakers and clinicians of top rank to maintain the usual standards of the program; prospect of greatly reduced attendance, because civilian doctors are faced with too great a burden of teaching and practice already; a decreasing active membership, due to approximately 25% of all doctors being called to active military service. President James E. Paullin announced, however, that all other activities of the College would be pursued with even greater zeal, and that the College would especially promote regional meetings over the country and organize post-graduate seminars in the various military hospitals for doctors in the armed forces.

Urology Award

The American Urological Association offers an annual award "not to exceed \$500" for an essay (or essays) on the result of some specified clinical or laboratory research in Urology. The amount of the prize is based on the merits of the work presented, and if the Committee on Scientific Research deem none of the offerings worthy, no award will be made. Competitors shall be limited to residents in urology in recognized hospitals and to urologists who have been in such specific practice for not more than five years.

The selected essay (or essays) will appear on the program of the forthcoming meeting of the American Urological Association, May 31-June 3, 1943, Hotel Jefferson, St. Louis, Missouri.

Essays must be in the hands of the secretary, Dr. Thomas D. Moore, 899 Madison avenue, Memphis, Tennessee, on or before March 1, 1943.

Surgeon Removes Live Shell From Man's Thigh

The courage of a surgeon who removed a live shell from the thigh of a man during a recent air raid on London is described by the regular London correspondent of *The Journal of the American Medical Association* in the December 12 issue. The correspondent reports that:

"In a recent speech Dr. Donald Hall, chairman of the Royal County Hospital, told of a man brought to the hospital with a thigh injured during a recent air raid. Under the

wound of entry a sharp pointed object could be felt. At the time of injury the enemy had dropped all their bombs and were headed home with their guns blazing. It was decided that the object therefore was not a bomb fragment and was thought possibly to be part of a fractured femur. X-ray examination, however, revealed that an unexploded cannon shell was embedded in the tissues. The bomb fragment was thought possibly to have identified the shell from the roentgenogram as of the armor piercing variety which explodes on impact. What was to be done? If the shell exploded, at best the man would lose his leg, which would be shattered; very likely he would lose his life. If the shell exploded during the operation for its extraction, the surgeon and every one in the operating room ran great risks, especially for loss of eyesight. The removal was necessary, danger or no danger. The patient was left in blissful ignorance and the surgeon, his assistant, the anesthetist and the nurses got to work. Swiftly and successfully the surgeon performed the most delicate and dangerous operation of his career and removed the shell. Within half an hour of leaving the ward the patient was back in bed. The name of the surgeon was not revealed. During the operation, according to this report, an assistant surgeon appeared at the door of the operating room to inquire what were his prospects for promotion to the senior staff!"

Glaucoma Award

The National Society for the Prevention of Blindness announces that a prize of \$250 will be awarded for the most valuable original paper during 1943 adding to the existing knowledge about the diagnosis of early glaucoma. The award will be made by the Society with the guidance of an ophthalmological committee composed of Dr. Arnold Knapp, Dr. Manuel Uribe Troncoso and Dr. Mark J. Schoenberg.

Papers may be presented by any ophthalmologist, student in ophthalmology or research worker of the Western Hemisphere and may be written in English, French, German, Italian, Spanish or Portuguese, but those written in the last four languages should be accompanied by a translation in English. Papers should be in the office of the National Society for the Prevention of Blindness, 1790 Broadway, New York City, by September 15, 1943.

BOOK REVIEWS

Fractures: By Paul B. Magnuson, M. D., Associate Professor of Surgery, Northwestern University. Fourth Edition. Pp. 511, with 317 illustrations. Cloth. Price, \$5.50. Philadelphia: J. B. Lippincott Company, 1942.

This book has appeared regularly at three-year-intervals since 1933. The work is primarily intended for the doctor who first sees the patient. Consequently detailed operative treatment is omitted. The basic anatomy and physiology are stressed, and the treatment is simplified and satisfactory. Jaw fractures are not included. The war-time first aid, transportation, and early treatment are brought up to the minute, as well as the treatment of wounds, use of the sulfa drugs, and treatment of shock. The text is conservative, and represents not only the opinions of the author but also of many of his conferees. The illustrations are helpful, especially those depicting the neuro-muscular relations, an understanding of which is essential for adequate treatment. This book merits high commendation.

Techniques of Contraception Control. By Robert L. Dickinson, M. D. Second Edition. Pp. 56, with 50 illustrations. Paper. Price, 50 Cents. Baltimore: Williams and Wilkins Company, 1942.

This little brochure appraises all the techniques of value. The text is concise, the illustrations excellent; together they offer an up-to-date resume of contraception techniques. Recommended to all physicians.

Food Charts: Foods As Sources of the Dietary Essentials. By a joint Committee of the Council on Foods and Nutrition of the American Medical Association and of the Food and Nutrition Board of the National Research Council. Pp. 20. Paper. Price, 10 Cents. American Medical Association, Chicago, 1942.

Information about the composition of foods now is on a quantitative basis. A forceful presentation of some facts about food as sources of the dietary essentials is provided by the present essay. There are eight charts showing the contribution that individual foods may make with respect to the needs for protein, calcium, iron, vitamin A, thiamine, riboflavin, nicotine acid, and ascorbic acid, the values being presented in terms of typical servings of each food. There is a descriptive paragraph or two about each of the charts. Also, the booklet reproduces the table of Recommended Dietary Allowances and the values

of Minimum Dietary Requirements developed by the Food and Drug Administration for purposes of labeling special dietary foods. This little essay thus provides considerable factual information about foods as sources of the dietary essentials.

A Venture in Public Health Integration. The 1941 Health Education Conference of the New York Academy of Medicine. Pp. 56. Cloth. Price, \$1.00. New York: Columbia University Press, 1942.

Health education must play an increasingly significant role in safeguarding and promoting the health of our people. Since it is a service of many forms, the performance of which rests with many different groups, there is necessity for planning of programs, for coordination of activities, for agreement as to basic factors and aims among those who share the responsibility. To meet this need, annual conferences on health education, sponsored by the New York Academy of Medicine and co-operating official and voluntary health organizations of Greater New York, have been established.

This volume presents a number of significant papers which were given at the 1941 conference. It will be of interest to nurses, doctors, health officers, social workers, educators, and all others who are concerned with the improvement of our nation's health.

Medical Parasitology. By James T. Culbertson, M. D., Assistant Professor of Bacteriology, Columbia University. Pp. 285. Cloth. Price, \$4.25. New York: Columbia University Press, 1942.

This book is a most practical and timely work covering a large field. It classifies parasites in such a manner that it becomes a ready reference work for the general practitioner and student. Many common infections are considered in detail. The article on giardia lamblia, the most common intestinal flagellate, is indeed alone worth much more than the cost of the book. Not only has Dr. Culbertson classified the parasites in a most practical manner, he gives also modern methods of diagnosis and treatment. The work is profusely illustrated throughout.

The general practitioner will find this book quite valuable as an aid to diagnosis when the boys come marching home from the far-flung fields of infestation.

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C. L. HUDIBURG, *Secretary*, Wilmington.

J. M. MESSICK, *Treasurer*, Wilmington.

Board of Directors: W. F. Preston, 1942; C. L. Hudiburg, 1942; N. W. Voss, 1942; C. E. Wagner, 1943; B. M. Allen, 1944; A. J. Strikol, 1942; J. M. Messick, 1942.

Delegates: B. M. Allen, T. H. Baker, G. A. Beatty, W. E. Bird, E. M. Bohan, Ira Burns, J. J. Cassidy, C. H. Davis, L. B. Flinn, A. L. Heck, F. A. Hemsath, C. L. Hudiburg, J. D. Niles, W. F. Preston, M. A. Tarumianz, G. W. Vaughan, N. W. Voss, C. E. Wagner.

Alternates: D. D. Burch, L. J. Jones, J. W. Kerrigan, A. D. King, E. G. Laird, W. W. Lattomus, W. H. Lee, C. M. Lowe, J. W. Maroney, C. C. Neese, J. C. Pierson, W. T. Reardon, S. W. Rennie, L. J. Rigney, M. F. Squires, O. N. Stern, B. S. Vallett, R. O. Y. Warren.

Board of Censors: J. A. Shapiro, 1942; E. R. Miller, 1943; W. E. Bird, 1944; L. J. Jones, 1945; L. J. Rigney, 1946.

Program Committee: A. J. Strikol, W. F. Preston, C. L. Hudiburg.

Legislation Committee: L. J. Jones, P. R. Smith, A. R. Cruchley.

Necrology Committee: R. A. Lynch, H. T. McGuire, P. J. Oliver.

Nomination Committee: N. W. Voss, C. E. Wagner, B. M. Allen.

Audits Committee: J. J. Cassidy, D. W. Cheff, J. H. Foulger.

Public Relations Committee: Roger Murray, F. S. Skura, E. M. Bohan, W. T. Reardon.

Medical Economics Committee: W. E. Bird, A. B. Graver, J. W. Kerrigan, A. G. Gluckman, A. M. Gehret.

KENT COUNTY MEDICAL SOCIETY—1942

W. C. DEAKYNE, *President*, Smyrna.
 FRANKLIN EVERETT, *Vice-President*, Dover.

HEWITT W. SMITH, *Secretary-Treasurer*, Harrington.

Delegates: C. J. Prickett, I. J. MacCollum, William Marshall, Jr.

Alternates: Stanley Worden, S. M. D. Marshall, A. V. Gilliland.

Censors: H. V. P. Wilson, H. W. Smith, W. T. Chipman.

DELAWARE ACADEMY OF MEDICINE—1942

Open 10 A. M. to 5 P. M. and Meeting Evenings

W. H. KRAEMER, *President*.

E. R. MILLER, *First Vice-President*.

G. W. K. FORREST, *Second Vice-President*.

D. T. DAVIDSON, SR., *Secretary*.

N. L. CUTLER, *Treasurer*.

Board of Directors: H. F. du Pont, Mrs. Ernest du Pont, L. B. Flinn, S. D. Townsend, C. M. A. Stine, J. K. Garrigues, W. S. Carpenter, Jr., F. A. Wardenberg.

DELAWARE PHARMACEUTICAL SOCIETY—1942

Honorary Presidents: Walter L. Morgan, Wilmington; George W. Rhodes, Newark; Albert Dougherty, Wilmington.

President: Everett D. Bryan, Dover.

First Vice-President: William Earl Hastings, Selbyville.

Second Vice-President: G. Medford Sparks, Clayton.

Third Vice-President: C. Emerson Johnson, Newark.

Secretary: Albert Bunin, Wilmington.

Treasurer: Albert Dougherty, Wilmington.

Board of Directors: P. C. Tigue, E. D. Bryan, W. E. Brown, H. P. Jones, H. E. Culver.

SUSSEX COUNTY MEDICAL SOCIETY—1942

N. R. WASHBURN, *President*, Milford.
 H. S. RIGGIN, *Vice-President*, Seaford.
 A. H. WILLIAMS, *Secretary-Treasurer*, Laurel.

Delegates: A. H. Williams, H. S. Riffin, C. C. Fooks, J. B. Waples, Jr.

Alternates: E. L. Stambaugh, L. L. Fitchett, J. L. Fox and S. M. Berger.

DELAWARE STATE BOARD OF HEALTH—1942

Bruce Barnes, M. D., *President*, Seaford; Mrs. F. G. Tallman, *Vice-President*, Wilmington; Mrs. Caroline Hughes, *Secretary*, Middletown; J. D. Niles, M. D., Middletown; W. T. Chipman, M. D., Harrington; W. H. Speer, M. D., Wilmington; W. Blaine Atkins, D. D. S., Millsboro; Mrs. C. M. Dillon, Wilmington; Edwin Cameron, *Executive Secretary*, Dover.

DELAWARE STATE DENTAL SOCIETY—1942

W. H. POWELL, *President*, Wilmington.
 J. A. BOUNDS, *First Vice-Pres.*, Laurel.
 J. A. CASEY, *Second Vice-Pres.*, Wilmington.
 C. M. COX, *Secretary*, Newark.
 P. K. MUSSELMAN, *Treasurer*, Wilmington.
 C. F. PIERCE, *Librarian*, Wilmington.
Delegate to A. D. A.: P. A. Traynor, Wilmington.

MEDICAL COUNCIL OF DELAWARE

Hon. Daniel J. Layton, *President*;
 J. S. McDaniel, M. D.; A. K. Lutz, M. D.

BOARD OF EXAMINERS, MEDICAL SOCIETY OF DELAWARE

J. S. McDaniel, *President and Secretary*; Wm. Marshall, *Assistant Secretary*; W. E. Bird, P. R. Smith, W. T. Chipman.

